

I-010 (5/99)

MICHIGAN DEPARTMENT OF AGRICULTURE
ANIMAL INDUSTRY DIVISION
P.O. BOX 30017, LANSING, MICHIGAN 48909
(517) 373-1077

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WHITE - Accompany Animal
PINK - Pet Shop File
BLUE - Veterinarian's Copy

This is not an
Official Interstate
Small Animal
Health Certificate

www.michigan.gov/mda

MICHIGAN PET SHOP HEALTH CERTIFICATE

(In Accordance with Act 287, Public Acts, 1969 as amended)

Each dog, cat, and ferret from a pet shop must be delivered to the purchaser with a
Michigan Pet Shop Health Certificate

Name, Address (No. & Street, City, State, Zip Code), and Phone Number of Pet Shop	Species _____ Breed _____	2nd Exam by Veterinarian
	Sex _____ Age _____ Weight _____	Weight _____ Date _____
	Description and Identification _____	Vet. Sig. _____
	_____	3rd Exam by Veterinarian
	_____	Weight _____ Date _____
	_____	Vet. Sig. _____

I hereby certify that I have
examined the above
described animal and on this
date find the animal to be free
from visual evidence of
communicable disease.

Printed Name of Veterinarian, Clinic Name, Address
(No. & Street, City, State, & Zip Code), and Phone Number

Signature of Veterinarian

MI Vet License No.

Date

All Vaccinations & Treatments--Type, Date, and Who Administered (Including all given prior to arrival at pet shop.)

Printed Name of Purchaser, Address (No. & Street, City, State, & Zip Code), and Phone Number	Describe Disposition if Other than Purchase
	Signature of Purchaser
	Date of Purchase
	Date of Disposition

PURCHASE DATE MUST BE WITHIN 30 DAYS AFTER LAST EXAMINATION BY VETERINARIAN